

Alexander County 14-Day
Work Record

EMPLOYEE'S NAME

EMPLOYEE #

DEPARTMENT

PAY PERIOD

EMPLOYEE'S SIGNATURE

SUPERVISOR SIGNATURE

DAY	DATE	TIME IN	TIME OUT	Hours Worked	Vacation Leave	Sick Leave	FMLA Leave	Comp. Leave	Holiday Leave	Leave W/O Pay	Bonus Time Off
MON											
TUE											
WED											
THU											
FRI											
SAT											
SUN											
WEEKLY TOTALS											

DAY	DATE	TIME IN	TIME OUT	Hours Worked	Vacation Leave	Sick Leave	FMLA Leave	Comp. Leave	Holiday Leave	Leave W/O Pay	Bonus Time Off
MON											
TUE											
WED											
THU											
FRI											
SAT											
SUN											
WEEKLY TOTALS											

PAY PERIOD TOTALS									
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	Carried Forward	Earned this Period	Used this Period	Carry Over
Vacation Leave				
Holiday Leave				
Sick-Regular				
Sick-FMLA				
Comp. Time				
Bonus Time				